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**POWER OF ATTORNEY  
OR  
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WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

<b>Application Number</b>	10/541,808-Conf. #6115
<b>Filing Date</b>	July 8, 2005
<b>First Named Inventor</b>	Robert N. HOTCHKISS
<b>Title</b>	DRUG DELIVERY TO A JOINT
<b>Art Unit</b>	1615
<b>Examiner Name</b>	T. J. Mahyera
<b>Attorney Docket No.</b>	2203466.00140US1

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR** I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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 The address associated with the above-mentioned Customer Number:**OR** The address associated with Customer Number:

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**OR**

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I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

*Donna Rendos*

Date

20 July 2009

Name

DONNA RENDOS

Telephone

212-774-7165

Title and Company

DIRECTOR, HOSPITAL FOR SPECIAL SURGERY

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>
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\*Total of 1 forms are submitted.